

N. B.—Every item of information should be carefully supplied. "3E should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35116

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 25

City.....

2. FULL NAME

(a) Residence, No. 4 318 W. 11th St., 11

(Usual place of abode)

Ward.

Length of residence in city or town where death occurred 38 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

File No.

Registered No. 9330

St.

Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Walter Hobb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

11-9-1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

48

11

9

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

Housework

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Mo

13. NAME

Charlie Morrison

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Mo

15. MAIDEN NAME

Mary Brown

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Mo

17. INFORMANT
(ADDRESS)

A Gertrude Creath
City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park

DATE 11-1-1933

19. UNDERTAKER
(ADDRESS)

Manuel Undertaking Co
405 E. 11th St.

20. FILED

OCT 30 1933

J. H. Brice

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10-27-1933

22. I HEREBY CERTIFY, That I attended deceased from

9-28-1933 to 10-27-1933

I last saw him alive on 10-27-1933

Death is said to have occurred on the date stated above, at 5:05 p.m.

The principal cause of death and related causes of importance were as follows:

57

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin. Lab. Was there an autopsy? 20

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. H. Robinson, M. D.

(Address) City Hospital

